`` ,				RY 18, 2020_			ALIAVILL		
Form 990-T	Exempt Organiza						OMB No 1545-0687		
				ction 6033(e))	1907	<u> </u>	2010		
F -	For calendar year 2018 or other tax year beginning APR 1, 2018 and ending MAR 31, 2019 2018								
Department of the Treasury Internal Revenue Service	► Go to www irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection 1 501(c)(3)								
A Check box if	Name of organization (Ch				ition is a so i(c)(s)	D Empl	oyer identification number		
address changed	AMERICAN CIVIL						loyees' trust, see actions)		
B Exempt under section	FOUNDATION, INC. 13-6213516								
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.								
408(e) 220(e)	125 BROAD STREET, 18TH FLOOR								
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004 561499								
C Book value of all assets at end of year	F Group exemption number (See		<u> </u>			50	100		
496,522,9	496, 522, 911. G Check organization type \blacktriangleright X 501(c) corporation 501(c) trust 401(a) trust Other trust								
Enter the number of the organization's unrelated trades or businesses.									
trade or business here	PARTNERSHIP INVEST	rment		If only one,	complete Parts I-V	If more	than one,		
describe the first in the b	lank space at the end of the previous sente	ence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	al trade	or		
business, then complete									
	the corporation a subsidiary in an affiliated		it-subs	diary controlled group?	▶ L	Ye	es X No		
	nd identifying number of the parent corpo			Talaah		1 2	E40 2500		
	► TERENCE DOUGHER? I Trade or Business Income	LA		(A) Income	one number > 2 (B) Expenses		(C) Net		
1a Gross receipts or sale	· · ·			(A) monic	(D) Expenses		(O) Net		
b Less returns and allow		ance	1c						
2 Cost of goods sold (S			2			_	***		
3 Gross profit. Subtract	• •		3						
4a Capital gain net incon	ne (attach Schedule D)		4a	65,888.			65,888.		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)		4b						
c Capital loss deduction	for trusts		4c				· · · · · · · · · · · · · · · · · · ·		
	partnership or an S corporation (attach st	atement)	5	-107,567.			-107,567.		
6 Rent income (Schedu	<i>'</i>		6						
	ed income (Schedule E)		7						
	ralties, and rents from a controlled organization controlled control		<u>8</u> 9	·					
	a section 501(c)(7), (9), or (17) organizat vity income (Schedule I)	lion (Schedule d)	10						
11 Advertising income (S			11						
,	structions; attach schedule)	12							
13 Total. Combine lines	3 through 12	13	-41,679.			-41,679.			
Part II Deductio	ns Not Taken Elsewhere (Se	e instructions fo	r lımıta	ations on deductions)					
(Except for d	contributions, deductions must be dir	ectly connected	with t	he unrelated business	income)				
14 Compensation of off	icers, directors, and trustees (Schedule K)	•				14			
15 Salaries and wages						15			
16 Repairs and mainten	ance					16			
17 Bad debts	dula) (cas instructions)					17			
18 Interest (attach sche19 Taxes and licenses	dule) (see instructions)					18 19			
· -	ons (See instructions for limitation rules)					20			
21 Depreciation (attach	,			21		20			
• •	amed on Schedule A and elsewhere on ret	turn `				22b	II		
23 Depletion		I F	EC	EIVED 22a		23			
	erred compensation plans			SS		24			
25 Employee benefit pro	ograms	C328	V0V	2 2 2019 SO-SE		25			
26 Excess exempt exper	nses (Schedule I)	101			ļ	26			
27 Excess readership co	•		NOT	EN, UT		27			
28 Other deductions (at				/ - 1 · 1	,	28			
	dd lines 14 through 28				}	29	0. 41 670		
	axable income before net operating loss di					30	-41,679.		
	erating loss arising in tax years beginning		y 1, 20	18 (see instructions)		31 32	-41,679.		
	axable income. Subtract line 31 from line 3 ir Paperwork Reduction Act Notice, see ii				<u> </u>	32	Form 990-T (2018)		
CLOSE O COSTO LITTLE FU	apointoin iiouuviivii met HUHUG, 366 H						(2010)		

Part.l	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-41,679				
34	Amounts paid for disallowed fringes	34	272,541					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35							
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines 33 and 34	36	230,862					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000					
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,							
	enter the smaller of zero or line 36	38	229,862					
Part I	V Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		- 39	48,271				
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			1				
70	Tax rate schedule or Schedule D (Form 1041)	•	40	1				
41	Proxy tax. See instructions		41					
42	Alternative minimum tax (trusts only)		42	1				
43	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	48,271				
Part V			1 44	1 10,2/1				
	,		-1					
	Other credits (see instructions) 45b		\dashv					
C	General business credit. Attach Form 3800 45c		\dashv					
	Credit for prior year minimum tax (attach Form 8801 or 8827)			4				
	Total credits. Add lines 45a through 45d		45e					
46	Subtract line 45e from line 44		46	48,271				
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s		40 271					
48	Total tax. Add lines 46 and 47 (see instructions)		48	48,271				
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0				
50 a	Payments: A 2017 overpayment credited to 2018		_					
b	2018 estimated tax payments	100	4					
C	Tax deposited with Form 8868 50c 114,	100						
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		_					
e	Backup withholding (see instructions) 50e		_					
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		_					
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total 50g							
51	Total payments. Add lines 50a through 50g		51	114,100				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	65,829				
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 65,829. Refunded		- 55	0				
Part '	I Statements Regarding Certain Activities and Other Information (see instructions)						
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		·	Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here			X				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ust?		X				
	If "Yes," see instructions for other forms the organization may have to file.							
58	Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs\)							
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my know	ledge and	belief, it is true,				
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge COO & GENERAL	r	Adam Aba I	000				
Here	1 / COUNSEL			RS discuss this return with arer shown below (see				
	Signature of officer Date Title		instructio					
	Print/Type preparer's name Preparer's stignature Date Check		ıf P	TIN				
Date	colf o	mploye						
Paid	11///19			P00757336				
Prepa	DOW HOLLD	s EIN		42-0714325				
Use (Only 4 TIMES SQUARE	V =111						
		e no	212-	-372-1000				
823711 0		· ····	<u></u>	Form 990-T (201				

` AMERICAN CIVIL LIBERTIES UNION

Form 990-T (2018) FOUNDATION, INC.

13-6213516

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory va	luation > N/A						
1 Inventory at beginning of year	1			Inventory at end of yea	ir		6			
2 Purchases	2		7	Cost of goods sold. St	ine 6					
3 Cost of labor	3			from line 5. Enter here						
4a Additional section 263A costs			7	line 2			7			
(attach schedule)	4a		8	Do the rules of section	on 263A (with respect to					No
b Other costs (attach schedule)	4b			property produced or a	acquired for resale) apply to					
5 Total Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (From Real	Property and	l Pers	onal Property L	.ease	d With Real Prop	erty)		
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)		-				-				
(4)										
		ed or accrued				0/->5				
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	r connec nd 2(b) (attach schedule)	ome in	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	ı (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	_			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	tions)	·····	·				
			,	Gross income from		Deductions directly conto debt-finance				
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other ded (attach sche		\$
(1)							_			
(2)										
(3)										
(4)								_		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	a adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable di (column 6 x total 3(a) and	of colu	
(1)				%						
(2)				%						
(3)	· · · · · · · · · · · · · · · · · · ·			%						
(4)				%				·		
		000000000000000000000000000000000000000				nter here and on page 1, Part I, line 7, column (A)		Enter here and o Part I, line 7, col		-
Totals				•		0				0.
Total dividends-received deductions in	cluded in columi	n 8								0.

Form 990-T (2018) FOUNDA	TION,	INC.							13-62	1351	6 Page
Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	struction	
•				Exempt (Controlled O	rganızatı	ons				
Name of controlled organization Controlled organization				ments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5			
				1		-		<u> </u>			
(1)		ļ		ļ				<u> </u>			
(2)		1						<u> </u>			
(3)				<u> </u>			- · · · · ·	<u> </u>			
_(4)		<u> </u>									
Nonexempt Controlled Organi	zations									_	
7 Taxable Income		unrelated incom see instructions		9 Total	of specified payr made	nents	10. Part of colu in the controll gross		nization's		ductions directly connected in income in column 10
(1)				·							
	 	· 	-	 						-	
(2)								***		-	
(3)										<u> </u>	
_(4)	l			<u> </u>			Add colum	nns 5 an	d 10	A	dd columns 6 and 11
							Enter here and line 8, 4	l on page column (Enter I	nere and on page 1, Part I, line 8, column (B)
Totals									0.		0 .
Schedule G - Investme		me of a S	Section	501(c)(7), (9), or (17) Org	ganization				
(see inst	ructions)								1		
1 Desc	ription of inco	ome			2 Amount of	ıncome	3 Deduction directly connected (attach schedule)	ected	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)				•							
(4)											
					Enter here and o		1 500 300			`	Enter here and on page 1 Part I line 9, column (R)
Totals	F	A - 4::A -	I	- O4h	The area Andr	0.	- 1] 0,
Schedule I - Exploited	-	Activity	incom	e, Other	inan Adv	/ertisin	ig income				
(see instru	ictions)										·
Description of exploited activity	unrelated incon	Gross d business ne from business	directly with pi of ur	xpenses connected roduction nrelated ss income	4 Net incomfrom unrelated business (cominus columingain, compute through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(2) (3)									†		
(4)											
	Enter he	ere and on	Enter h	ere and on					1		Enter here and
		1, Part I, , col (A)		1, Part I,), col (B)							on page 1, Part II, line 26
Tatala	"""	0.		0.							1
Schedule J - Advertising	na Inco		nstructio								0.
Part I Income From					olidatad	Pacia	<u></u>		_		
ratti income riom	renouic	ais nep	oi teu o	ii a Cons	sonuateu	Dasis					
1. Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs			5. Circula e income		6. Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											,
(3)		•		-							
(4)					7						
V.)	-		- -								
Totals (carry to Part II, line (5))	•	ا	0.	0	•						0.

AMERICAN CIVIL LIBERTIES UNION

Form 990-T (2018) FOUNDATIO	N, INC.				L3-62135	16Page_5
Part II Income From Period columns 2 through 7 on a			ate Basis (For each	ch periodical listed	ın Part II, fill ın	
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0 -	- 0.		1 19 1 1 470 5	ra Com ri i carar nom phonon i	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)		
1 Name			2 Title	3 Percent time devote business	d to 4 Co	mpensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	·

Form 990-T (2018)

0.

Total. Enter here and on page 1, Part II, line 14

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

FOUNDATION, INC.

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2018

Name

AMERICAN CIVIL LIBERTIES UNION

Employer identification number

13-6213516

Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (e) (g) Adjustments to gain or loss from Form(s) 8949, (h) Gain or (loss) Subtract column (e) from column (d) and to enter on the lines below (d) This form may be easier to complete if you round off cents to whole dollars Part I, line 2, column (g) (sales price) (or other basis) ombine the result with column (g) 1a Totals for all short-term transactions ш. reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on 727. Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 727 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Farm (d) to enter on the lines below. (e) Cost (h) Gain or (loss) Subtract or loss from Form(s) 8949, Part II, line 2, column (g) column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 65,161. 11 Enter gain from Form 4797, line 7 or 9 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 65,161. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 727. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 65,161. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 65,888. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

Note: If losses exceed gains, see Capital losses in the instructions.

JWA

Department of the Treas Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Social security number or taxpayer identification no.

13-6213516

Description of property (Example 100 sh XYZ Co) Date acquired (Mo , day, yr) dispo	ported on Fo D, line 1a, y e than one box of the boxes, of B showing	orm(s) 1099-B showing a general transfer required applies for your short-complete as many form basis was report	ing basis was reporte to report these transa- term transactions, comp is with the same box che ted to the IRS (see	d to the IRS actions on F lete a separat cked as you n Note abo Adjustmen loss If you in column	S and for which no ad form 8949 (see instru- e Form 8949, page 1, for eed ove) at, if any, to gain or ou enter an amount	ctions)
Note: You may aggregate all short-term transactions rep codes are required. Enter the totals directly on Schedule You must check Box A, B, or C below. Check only one box. If more if you have more short-term transactions than will fit on this page for one or more of X (A) Short-term transactions reported on Form(s) 1099-E (B) Short-term transactions reported on Form(s) 1099-E (C) Short-term transactions not reported to you on Form 1 (a) (b) (c) Date acquired (Example 100 sh XYZ Co) (Mo, day, yr) dispo (Mo, c)	e D, line 1a,) e than one box of the boxes, c B showing B showing m 1099-B (c) sold or osed of	you aren't required applies for your short- complete as many form basis was report basis wasn't re (d) Proceeds	to report these transactions, compission that same box cheight the same box cheight to the IRS (see ported to the IRS) (e) Cost or other basis See the Note below and see Column (e) in	Adjustmen loss If you n column column (f)	e Form 8949 (see instrue e Form 8949, page 1, for eed ove) at, if any, to gain or ou enter an amount (g), enter a code in See instructions (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
You must check Box A, B, or C below. Check only one box If more if you have more short-term transactions than will fit on this page for one or more of X (A) Short-term transactions reported on Form(s) 1099-E (B) Short-term transactions reported on Form(s) 1099-E (C) Short-term transactions not reported to you on Form 1 (a) (b) (c) Date acquired Dates (Example 100 sh XYZ Co) (Mo, day, yr) dispo (Mo, c)	e than one box of the boxes, c B showing B showing m 1099-B (c) sold or osed of	applies for your short- complete as many form basis was report basis wasn't re (d) Proceeds	term transactions, comp is with the same box che red to the IRS (see ported to the IRS (e) Cost or other basis See the Note below and see Column (e) in	Adjustmen loss If you no column (f)	e Form 8949, page 1, for eed ove) at, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
If you have more short-term transactions than will fit on this page for one or more of X (A) Short-term transactions reported on Form(s) 1099-E (B) Short-term transactions reported on Form(s) 1099-E (C) Short-term transactions not reported to you on Form (a) (b) (a) Description of property (Example 100 sh XYZ Co) (Mo, day, yr) disponents (Mo, day, yr) (Mo, co)	of the boxes, of B showing B showing rm 1099-B (c) sold or osed of	basis was report basis was report basis wasn't re (d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in	Adjustmen loss If you no column (f)	ove) at, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
(B) Short-term transactions reported on Form(s) 1099-E (C) Short-term transactions not reported to you on Form (a) (b) (b) (c) Date acquired (Mo, day, yr) (Example 100 sh XYZ Co) (Mo, day, yr) (Mo, co	B showing rm 1099-B (c) sold or osed of	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in	Adjustmen loss if your column column (f)	at, if any, to gain or ou enter an amount (g), enter a code in b. See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
(C) Short-term transactions not reported to you on Form (a) Description of property (Example 100 sh XYZ Co) (Mo, day, yr) (Mo, co	rm 1099-B (c) sold or esed of	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in	loss If your column (f)	ou enter an amount (g), enter a code in being (g). See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
1 (a) (b) Date acquired CExample 100 sh XYZ Co (Mo , day, yr) (Mo , co	sold or sed of	Proceeds	Cost or other basis See the Note below and see <i>Column</i> (e) in	loss If your column (f)	ou enter an amount (g), enter a code in being (g). See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
Description of property (Example 100 sh XYZ Co) Date acquired (Mo , day, yr) dispo (Mo , c	sold or sed of	Proceeds	Cost or other basis See the Note below and see <i>Column</i> (e) in	loss If your column (f)	ou enter an amount (g), enter a code in being (g). See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
(Example 100 sh XYZ Co) (Mo, day, yr) dispo (Mo, c	sed of		basis See the Note below and see <i>Column (e)</i> in	column (f)	(g) Amount of	Subtract column (e) from column (d) & combine the result with column (g)
NET CAPITAL GAIN			see Column (e) in	(f)	(g) Amount of	from column (d) & combine the result with column (g)
NET CAPITAL GAIN					Amount of	with column (g)
						727.
FROM SCH. K-1						727.
					•	
	Î					
	Ī		·			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (s negative amounts) Enter each total here and include on y Schedule D. line 1b (if Box A above is checked). line 2 (if	your					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

727.

above is checked), or line 3 (if Box C above is checked)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www irs gov/Form1120 for instructions and the latest information.

2018

Name

Employer identification number

AMERICAN CIVIL LIBERTIES UNION

FOUNDATION, INC. 13-6213516

Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (g) Adjustments to gain (h) Gain or (loss) Subtract (d) (e) Cost to enter on the lines below oss from Form(s) 8949. column (e) from column (d) and This form may be easier to complete if you round off cents to whole dollars. Part I, line 2, column (g) combine the result with column (g) (sales price) COLUMN TO THE STATE OF THE STAT 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on 727. Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 727 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract to enter on the lines below. column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you (sales price) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 65,161. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 65,161. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III | Summary of Parts I and II 727. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 65,161. 17 17 Net capital gain, Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 65,888 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Note: If losses exceed gains, see Capital losses in the instructions.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Department of the Treasure

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Name(s) shown on return

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Social security number or taxpayer identification no.

13-6213516

Before you	u check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement	will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
	d may even tell you which box to check
Part I	Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment NET CAPITAL GAIN FROM SCH. K-1 727. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 727.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 3 (if Box C above is checked)